

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Percy W. Watson

Full Address P. O. Box 1767 Hattiesburg, MS 39403

Telephone 601-545-1051 (Fax) 601-582-4293

E-mail _____

Office Sought State Representative, Dist. 103 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$75,350.00 + 4,900.00	\$ 80,250.00	\$ 80,250.00
Total amount of disbursements	\$56,312.03 + 18,283.60	\$ 74,595.65	\$ 74,595.65
Total amount of cash on hand		\$ 32,139.68	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

[Signature]
Signature of Candidate

January 28, 2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 28 2010

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R and J Group, Inc.</u>		<u>06 / 04 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>5266 Old Highway 11, Suite 70-349</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Not applicable</u>		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Care Management Organization, LLC</u>		<u>06 / 08 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 16389</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39404-6389</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Not applicable</u>		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mayor Johnny L. DuFree</u>		<u>06 / 08 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Box 574</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Mayor, City of Hattiesburg</u>		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Northrop Grumman Shipbuilding</u>		<u>06 / 08 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 149</u>		<u> / / </u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568-0149</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Not applicable</u>		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hattiesburg Clinic - Healthcare Policy Committee</u>	<u>07/ 08/ 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 17739</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39404</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Not applicable</u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hon. Paul T. Benton</u>	<u>07/ 08/ 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 1341</u>	<u> / / </u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Attorney</u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kevin Altman</u>	<u>07/ 10/ 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>102206 DonCastle Ct.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Merchanicsville, VA 23116</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Not applicable</u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>L & A Contracting Company</u>	<u>07/ 08/ 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 16749</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39404</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Concrete Industries Assn.</u>		<u>07 / 08 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>6700 Old Canton Road, Suite K</u>		<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157-1253</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Integrated Management Services</u>		<u>06 / 19 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>126 Amite Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Integrated Management Services</u>		<u>06 / 19 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>126 Amite Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Malt Beverage</u>		<u>06 / 19 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 1132</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39215-1132</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Reynolds American		07 / 17 / 09	\$ 1,000.00
Mailing Address P. O. Box 2990		__ / __ / __	\$
City, State, Zip Code Winston Salem, NC 27102		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name W B Consolidated		06 / 09 / 09	\$ 1,000.00
Mailing Address 770 North West Street		__ / __ / __	\$
City, State, Zip Code Jackson, MS 39205		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name BancorpSouth		06 / 19 / 09	\$ 1,000.00
Mailing Address P. O. Box 789		__ / __ / __	\$
City, State, Zip Code Tupelo, MS 38802		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Entergy Mississippi, Inc.		08 / 11 / 09	\$ 1,000.00
Mailing Address P. O. Box 1640		__ / __ / __	\$
City, State, Zip Code Jackson, MS 39215		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Manufacturers Association</u>	<u>06/24/09</u>	\$ 250.00
Mailing Address <u>720 North President Street</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00

B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Bail Agents</u>	<u>06/24/09</u>	\$ 1,000.00
Mailing Address <u>413 South President Street, Suite 111</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1,000.00

C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi HealthCare Association</u>	<u>06/17/09</u>	\$ 1,000.00
Mailing Address <u>114 Market Ridge Drive</u>	___/___/___	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1,000.00

D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Government Consultants, Inc.</u>	<u>07/20/09</u>	\$ 1,000.00
Mailing Address <u>1830 Crane Ridge Drive</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39216-4901</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Benlaw Ventures, Inc.</u>		<u>07 / 09 / 09</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 572</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Coca-Cola Bottling Company</u>		<u>06 / 24 / 09</u>	\$ 250.00
Mailing Address <u>P. O. Box 17197</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39404-7197</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Holt McMullan</u>		<u>06 / 24 / 09</u>	\$ 250.00
Mailing Address <u>P. O. Box 1071</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>		<u> / / </u>	\$
Name of Employer (Required) <u>President, Trustmark Bank</u>		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Paul H. Holmes</u>		<u>07 / 17 / 09</u>	\$ 250.00
Mailing Address <u>135 HDR Lane</u>		<u> / / </u>	\$
City, State, Zip Code <u>Petal, MS 39465</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Attorney</u>		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Warren Paving Contractors & Engineers</u>	<u>07/18/09</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 572</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
Occupation (Required) <u> / / </u>	Aggregate year-to-date	\$ 1,000.00

B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch Companies, Inc.</u>	<u>07/13/09</u>	\$ 1,000.00
Mailing Address <u>One Busch Place</u>	<u> / / </u>	\$
City, State, Zip Code <u>St. Louis, MO 63118</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
Occupation (Required) <u> / / </u>	Aggregate year-to-date	\$ 1,000.00

C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>University</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Valley State University Foundation</u>	<u>07/10/09</u>	\$ 250.00
Mailing Address <u>P. O. Box 7265</u>	<u> / / </u>	\$
City, State, Zip Code <u>Itta Bena, MS 38941-1400</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
Occupation (Required) <u> / / </u>	Aggregate year-to-date	\$ 250.00

D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Kate N. Aseme, M.D.</u>	<u>07/10/09</u>	\$ 1,000.00
Mailing Address <u>416 Bay Street</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) <u>FGH, Chief of Surgery</u>	<u> / / </u>	\$
Occupation (Required) <u> / / </u>	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

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A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>T. L. Wallace Construction</u>		<u>07 / 09 / 09</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 523</u>		<u> / / </u>	\$
City, State, Zip Code <u>Columbia, MS 39429</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Regions Banks</u>		<u>06 / 08 / 09</u>	\$ 250.00
Mailing Address <u>P. O. Box 11007</u>		<u> / / </u>	\$
City, State, Zip Code <u>Birmingham, AL 35288</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>McMahan Family Charitable Foundation</u>		<u>05 / 12 / 09</u>	\$ 1,000.00
Mailing Address <u>16 Chandeaur Point</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Hospitality & Restaurant Association</u>		<u>05 / 12 / 09</u>	\$ 750.00
Mailing Address <u>130 Riverview Drive, Suite A</u>		<u> / / </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 750.00

Name of Candidate or Committee Percy W. Watson
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A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Worth Thomas Consultants</u>	<u>04 / 14 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 774</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> / / </u>	\$
Name of Employer (Required) 	<u> / / </u>	\$
Occupation (Required) 	Aggregate year-to-date	\$ <u>1,000.00</u>

B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>University</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alcorn State University Foundation</u>	<u>08 / 03 / 09</u>	\$ <u>1,000.00</u>
Mailing Address 	<u> / / </u>	\$
1000 ASU Drive, No. 810	<u> / / </u>	\$
City, State, Zip Code <u>Alcorn, MS 39096-7500</u>	<u> / / </u>	\$
Name of Employer (Required) 	<u> / / </u>	\$
Occupation (Required) 	Aggregate year-to-date	\$ <u>1,000.00</u>

C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>A T & T Mississippi</u>	<u>09 / 04 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>175 East Capitol Street, Suite 702</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201-2135</u>	<u> / / </u>	\$
Name of Employer (Required) 	<u> / / </u>	\$
Occupation (Required) 	Aggregate year-to-date	\$ <u>1,000.00</u>

D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dave Ware</u>	<u>07 / 29 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>402 Rebecca Avenue</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) 	<u> / / </u>	\$
Occupation (Required) <u>Councilman, City of Hattiesburg</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tyson Foods		08 / 07 / 09	\$ 500.00
Mailing Address 463 Ridge Circle		___ / ___ / ___	\$
City, State, Zip Code Brandon, MS 39047		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brown Bottling Group, Inc.		07 / 29 / 09	\$ 1,000.00
Mailing Address 591 Highland Colony, Pkwy.		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39157		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Power Company		08 / 11 / 09	\$ 1,000.00
Mailing Address P. O. Box 4079		___ / ___ / ___	\$
City, State, Zip Code Gulfport, MS 39502-4079		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lucien Bourgeois		08 / 03 / 09	\$ 750.00
Mailing Address 117 Fawnwood Drive		___ / ___ / ___	\$
City, State, Zip Code Brandon, MS 39042		___ / ___ / ___	\$
Name of Employer (Required) Not applicable		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 750.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Denbury Resources, Inc.		08 / 04 / 09	\$ 1,000.00
Mailing Address 5100 Tennyson Parkway, Suite 1200		___ / ___ / ___	\$
City, State, Zip Code Plano, TX 75024		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Petroleum Marketers		08 / 11 / 09	\$ 750.00
Mailing Address P. O. Drawer 3859		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39207		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 750.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cable PAC MCTA		08 / 06 / 09	\$ 750.00
Mailing Address P. O. Box 55867		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39296		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 750.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Isle of Capri Casino		08 / 27 / 09	\$ 1,000.00
Mailing Address 600 Emerson Road, Suite 300		___ / ___ / ___	\$
City, State, Zip Code St. Louis, MO 63141		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bloomfield Equities, LLC</u>	<u>08/11/09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 2475</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. Larry Harris</u>	<u>08/11/09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 3380</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Swedish Match North America, Inc.</u>	<u>08/11/09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 13297</u>	<u> / / </u>	\$
City, State, Zip Code <u>Richmond, VA 23225</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tim Ford</u>	<u>08/11/09</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 22587</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Not applicable</u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Harrah's Entertainment</u>		<u>10 / 31 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>One Caesars Palace Drive</u>		<u> / / </u>	\$
City, State, Zip Code <u>Las Vegas, NV 89109</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Statewide General Insurance Agency</u>		<u>06 / 08 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>3073 Lynch Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39209</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Aubrey K. Lucas</u>		<u>05 / 12 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>3200 Jamestown Road</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Beau Rivage</u>		<u>07 / 29 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 7325</u>		<u> / / </u>	\$
City, State, Zip Code <u>Biloxi, MS 39540</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Percy W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Swisher International, Inc.</u>	<u>07/29/09</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 2230</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jacksonville, FL 32203-2230</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Trey Bobinger</u>	<u>08/03/09</u>	\$ 250.00
Mailing Address <u>P. O. Box 3015</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39207</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Warren Hood, Jr.</u>	<u>08/04/09</u>	\$ 250.00
Mailing Address <u>3900 Jamestown Road</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Jessie Pope</u>	<u>08/11/09</u>	\$ 300.00
Mailing Address <u>505 Brady Road</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Not applicable</u>	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee Percy W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Health Management Associates MS</u>	<u>12 / 10 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>2550 Flowood Drive, Suite 402</u>	<u> / / </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The GlaxoSmithKline</u>	<u>12 / 04 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>Five Moore Drive</u>	<u> / / </u>	\$
City, State, Zip Code <u>Research Triangle Park, NC 27709</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Enterprise Holdings, Inc.</u>	<u>12 / 01 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>600 Corporate Park Drive</u>	<u> / / </u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Donelson Mississippi</u>	<u>12 / 14 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 14167</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39236</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Norfolk Southern Corp.		07 / 29 / 09	\$ 250.00
Mailing Address Three Commercial Place		__ / __ / __	\$
City, State, Zip Code Norfolk, VA 23510-2191		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Edward A. Williamson		12 / 29 / 09	\$ 250.00
Mailing Address P. O. Box 588		__ / __ / __	\$
City, State, Zip Code Philadelphia, MS 39350		__ / __ / __	\$
Name of Employer (Required) The Edward A. Williamson Law Firm		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gloria D. Williamson		12 / 29 / 09	\$ 250.00
Mailing Address 509-A Church Avenue		__ / __ / __	\$
City, State, Zip Code Philadelphia, MS 39350		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Motorola		09 / 12 / 09	\$ 1,000.00
Mailing Address P. O. Box 68429		__ / __ / __	\$
City, State, Zip Code Schaumburg, IL 60168		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for HomeCare</u>	<u>12 / 15 / 09</u>	\$ 300.00
Mailing Address <u>134 Fairmont Street, Suite B</u>	<u> / / </u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>	<u> / / </u>	\$
Name of Employer (Required) <u> </u>	<u> / / </u>	\$
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ 300.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Public & Government Affairs</u>	<u>09 / 29 / 09</u>	\$ 500.00
Mailing Address <u>P. O. Box 1300</u>	<u> / / </u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>	<u> / / </u>	\$
Name of Employer (Required) <u> </u>	<u> / / </u>	\$
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories</u>	<u>11 / 15 / 09</u>	\$ 350.00
Mailing Address <u>100 Abbott Park Road</u>	<u> / / </u>	\$
City, State, Zip Code <u>Abbott Park, IL 60064-6028</u>	<u> / / </u>	\$
Name of Employer (Required) <u> </u>	<u> / / </u>	\$
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ 350.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MMHA VPAC (Mississippi Manufactured Housing)</u>	<u>11 / 18 / 09</u>	\$ 300.00
Mailing Address <u>P. O. Box 320369</u>	<u> / / </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> / / </u>	\$
Name of Employer (Required) <u> </u>	<u> / / </u>	\$
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee Percy W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pharmaceutical Research & Manufacturers of America</u>		<u>12 / 09 / 09</u>	\$ 500.00
Mailing Address <u>771 North Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70802</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. & Mrs. Shelby F. Thames</u>		<u>12 / 10 / 09</u>	\$ 300.00
Mailing Address <u>37 Bocage Road</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 300.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Resources, LLC</u>		<u>11 / 19 / 09</u>	\$ 500.00
Mailing Address <u>210 East Capitol Street, Regions Plaza</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>General Electric Company</u>		<u>11 / 19 / 09</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 9544</u>		<u> / / </u>	\$
City, State, Zip Code <u>Fort Myers, FL 33906-9544</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Perry W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comcast Cable	11 / 19 / 09	\$ 1,000.00
Mailing Address 120 North Congress Street, Suite 640	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39201	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Committee for Clean Environment & Fair Taxation	12 / 10 / 09	\$ 500.00
Mailing Address 3000 - B North State Street	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39216	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Advance America	12 / 10 / 09	\$ 1,000.00
Mailing Address 135 North Church Street	__ / __ / __	\$
City, State, Zip Code Spartanburg, SC 29306	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dunn Roadbuilders, LLC	12 / 10 / 09	\$ 500.00
Mailing Address P. O. Box 6560	__ / __ / __	\$
City, State, Zip Code Laurel, MS 39441-6560	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Percy W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Verizon Wireless</u>	<u>12 / 10 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 2167</u>	<u> / / </u>	\$
City, State, Zip Code <u>Folsom, CA 95763</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entertainment Software Association</u>	<u>09 / 21 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>575 7th Street, NW, Suite 300</u>	<u> / / </u>	\$
City, State, Zip Code <u>Washington, D. C. 20004</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baxter Healthcare Corporation</u>	<u>09 / 22 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>One Baxter Parkway</u>	<u> / / </u>	\$
City, State, Zip Code <u>Deerfield, IL 60015</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ameristar Casino Vicksburg</u>	<u>12 / 10 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>4116 Washington Street</u>	<u> / / </u>	\$
City, State, Zip Code <u>Vicksburg, MS 39180</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Percy W. Watson
Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Dorothy Gillespie, M. D.</u>	<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>307 Katie Avenue</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) <u>Internal Medicine Physician/Gastroenterologist</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Lynn McMahan, M. D.</u>	<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>1420 South 28th Avenue</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) <u>Ophthalmologist, Cataract & Implant Surgeon</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Paul H. Holmes</u>	<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>135 HDR Lane</u>	<u> / / </u>	\$
City, State, Zip Code <u>Petal, MS 39465</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. William Oliver</u>	<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>125 South 28th Avenue</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mr. Ted Webb		11/19/09	\$ 250.00
Mailing Address P. O. Box 1231		___/___/___	\$
City, State, Zip Code Hattiesburg, MS 39403		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mr. C. T. Finnegan		11/19/09	\$ 500.00
Mailing Address 1116 Finlo Drive		___/___/___	\$
City, State, Zip Code Hattiesburg, MS 39401		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mr. Jerry O'Keefe		11/19/09	\$ 1,000.00
Mailing Address 510 Beach Blvd.		___/___/___	\$
City, State, Zip Code Biloxi, MS 39533		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr. Alvin Williams		11/19/09	\$ 250.00
Mailing Address 508 Green Hills Drive		___/___/___	\$
City, State, Zip Code Hattiesburg, MS 39402		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Lawrence Warren</u>	<u>11/19/09</u>	\$ 350.00
Mailing Address <u>P. O. Box 572</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 350.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Charles J. Brown</u>	<u>11/19/09</u>	\$ 250.00
Mailing Address <u>609 Dabbs Street</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Sam Buchanan</u>	<u>11/19/09</u>	\$ 250.00
Mailing Address <u>1205 Windsor Drive</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Milan Hoze</u>	<u>11/19/09</u>	\$ 250.00
Mailing Address <u>131 Monroe Road</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Clyde Bryant</u>		<u>11</u> / <u>19</u> / <u>09</u>	\$ 250.00
Mailing Address <u>500 Broadway Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>State Farm Insurance</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Paul W. McMullan</u>		<u>11</u> / <u>19</u> / <u>09</u>	\$ 250.00
Mailing Address <u>2 Cherokee Circle</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Doug Rouse</u>		<u>11</u> / <u>19</u> / <u>09</u>	\$ 250.00
Mailing Address <u>111 Bedford Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Warren Hood</u>		<u>11</u> / <u>19</u> / <u>09</u>	\$ 250.00
Mailing Address <u>623 Main Street, Suite 300</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. Watson
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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Bobby Tatum</u>	<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>11 Parkway Blvd.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Larry Albert</u>	<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Box 1567</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Evan Dillard</u>	<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Box 16389</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39404</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Holt McMullen</u>	<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Box 1071</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Percy W. Watson
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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Charles Lawrence</u>		<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>606 John Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Carl Nicholson</u>		<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Drawer 15099</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39404</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms. Lucy McInnis</u>		<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Box 544</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Rick Lambert</u>		<u>11 / 19 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>119 Hardy Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Lynn McMahan</u>		<u>11 / 19 / 09</u>	\$ 1,000.00
Mailing Address <u>1420 South 28th Avenue</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) <u>Ophthalmologist</u>		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Jessie Pennington</u>		<u>11 / 19 / 09</u>	\$ 500.00
Mailing Address <u>453 Cedarwood Drive</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39212</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Chad Driskill</u>		<u>11 / 19 / 09</u>	\$ 500.00
Mailing Address <u>118 College Drive, Suite 5177</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39406</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Attorney John Lee</u>		<u>11 / 19 / 09</u>	\$ 500.00
Mailing Address <u>1014 South 34th Avenue</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> / / </u>	\$
Name of Employer (Required) 		<u> / / </u>	\$
Occupation (Required) 		Aggregate year-to-date	\$ 500.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Charles Bolton</u>	<u>11 / 19 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>316 Forrest Street</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Shelby Thames</u>	<u>11 / 19 / 09</u>	\$ <u>300.00</u>
Mailing Address <u>37 Bocage Road</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Walmart</u>	<u>10 / 31 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>321 Highland Park Blvd.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE (Mississippi Agents & Employees) PAC</u>	<u>12 / 10 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 2663</u>	<u> / / </u>	\$
City, State, Zip Code <u>Tuscaloosa, AL 35403</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Percy W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mrs. Barbara S. Watson			
Mailing Address		<u>01/09 / 09</u>	\$ 500.00
350 Old Spanish Trail			
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Jackson, MS 39212			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
Christmas Baskets			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Millsaps College			
Mailing Address		<u>01/12 / 09</u>	\$ 397.00
1701 North State Street			
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Jackson, MS 39210-0001			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 397.00
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Percy W. Watson			
Mailing Address		<u>01/23 / 09</u>	\$ 1,425.00
930 North Main Street			
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,425.00
Reimbursement for charitable contributions			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Reserve Account			
Mailing Address		<u>01/28 / 09</u>	\$ 500.00
5101 Interchange Way			
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Louisville, KY 40229			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
U S Postage			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Chinika, LLC			
Mailing Address		<u>02/02 / 09</u>	\$ 1,000.00
P. O.Box 227			
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Hattiesburg, MS 39403			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,000.00
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
The Front Porch			
Mailing Address		<u>02/11 / 09</u>	\$ 413.97
205 Thornhill Drive			
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 413.97
Repast Dinner for Daniel Pridgen			

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bourne Bros. Printing</u>		<u>02 / 17 / 09</u>	\$ 739.72
Mailing Address			
<u>5276 Highway 42</u>			
City, State, Zip Code		<u> / / </u>	
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 739.72
<u>Printing</u>			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mr. James Yarbrough</u>		<u>02 / 07 / 09</u>	\$ 300.00
Mailing Address			
<u>830 Umstead Road</u>			
City, State, Zip Code		<u> / / </u>	
<u>Fayetteville, NC 28304</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300.00
<u>Benevolence</u>			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mr. Luther Cooley</u>		<u>02 / 20 / 09</u>	\$ 300.00
Mailing Address			
<u>218 North 25th Avenue, Apt. 14</u>			
City, State, Zip Code		<u> / / </u>	
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300.00
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ebenezer Baptist Church</u>		<u>03 / 17 / 09</u>	\$ 800.00
Mailing Address			
<u>900 East 8th Street</u>			
City, State, Zip Code		<u> / / </u>	
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 800.00
<u>Deacons Fellowship</u>			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mrs. Diane Whigham</u>		<u>04 / 18 / 09</u>	\$ 500.00
Mailing Address			
<u>605 Cypress Avenue</u>			
City, State, Zip Code		<u> / / </u>	
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
<u>Birthday Party</u>			
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Forrest County NAACP</u>		<u>04 / 15 / 09</u>	\$ 400.00
Mailing Address			
<u>307 Fairway Drive</u>			
City, State, Zip Code		<u> / / </u>	
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 400.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name <u>Percy W. Watson</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>930 North Main Street</u>		<u>04</u> / <u>15</u> / <u>09</u>	\$ <u>550.00</u>
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Reimbursement for Dental Luncheon</u>		Aggregate Year-to-date	\$ <u>550.00</u>
B. Full name <u>Mayor Johnny L. DuPree</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1028 Main Street</u>		<u>04</u> / <u>16</u> / <u>09</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Reimbursement</u>		Aggregate Year-to-date	\$ <u>500.00</u>
C. Full name <u>Starlight Baptist Church</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1413 Gravel Line Street</u>		<u>04</u> / <u>23</u> / <u>09</u>	\$ <u>325.00</u>
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>325.00</u>
D. Full name <u>L. J. Rowan Class of 1969</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>734 Northhill Drive</u>		<u>05</u> / <u>09</u> / <u>09</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Three Full Page Ads</u>		Aggregate Year-to-date	\$ <u>300.00</u>
E. Full name <u>Bourne Bros. Printing</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5276 Highway 42</u>		<u>04</u> / <u>30</u> / <u>09</u>	\$ <u>246.00</u>
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Campaign Stationary</u>		Aggregate Year-to-date	\$ <u>246.00</u>
F. Full name <u>Committee to Elect Johnny L. DuPree</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P. O. Box 574</u>		<u>05</u> / <u>03</u> / <u>09</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Hattiesburg, MS 39403-0574</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Campaign Donation</u>		Aggregate Year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Reserve Account</u>			
Mailing Address		<u>05 / 06 / 09</u>	\$ 600.00
City, State, Zip Code		<u> / / </u>	\$
<u>Louisville, KY 40229</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 600.00
<u>U. S. Postage</u>			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ms. Anita Wright</u>			
Mailing Address		<u> / / </u>	\$ 410.00
City, State, Zip Code		<u>05 / 12 / 09</u>	\$
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 410.00
<u>Honorarium</u>			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Capital Club</u>			
Mailing Address		<u>05 / 07 / 09</u>	\$ 1,758.33
City, State, Zip Code		<u> / / </u>	\$
<u>Jackson, MS 39205</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,758.33
<u>Minority Dentist Banquet/Dental School</u>			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Betty Cook Campaign</u>			
Mailing Address		<u>05 / 07 / 09</u>	\$ 250.00
City, State, Zip Code		<u> / / </u>	\$
<u>Jackson, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00
<u>Betty Cook Campaign</u>			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Congressman Bennie Thompson Campaign</u>			
Mailing Address		<u>04 / 15 / 09</u>	\$ 300.00
City, State, Zip Code		<u> / / </u>	\$
<u>Bolton, MS</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300.00
<u>Campaign Donation</u>			
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ms. Brenda Williams</u>			
Mailing Address		<u>05 / 29 / 09</u>	\$ 250.00
City, State, Zip Code		<u> / / </u>	\$
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00
<u>2009 Golf Tournament</u>			

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name Ms. Yolanda McCree	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 21	05 / 29 / 09	\$ 250.00
City, State, Zip Code Hattiesburg, MS 39403	__ / __ / __	\$
Purpose of Disbursement (Optional) 2009 Golf Tournament	Aggregate Year-to-date	\$ 250.00
B. Full name Ms. Melba Houze	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3003 Mesa Drive	05 / 29 / 09	\$ 250.00
City, State, Zip Code Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional) 2009 Golf Tournament	Aggregate Year-to-date	\$ 250.00
C. Full name L. J. Rowan Class of 1969	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 734 Northhill Drive	06 / 06 / 09	\$ 245.00
City, State, Zip Code Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional) Two Full Page Ads	Aggregate Year-to-date	\$ 245.00
D. Full name Ebenezer Baptist Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 900 East 8th Street	06 / 07 / 09	\$ 225.00
City, State, Zip Code Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 225.00
E. Full name Mr. David Knight	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 501 Southern Avenue	06 / 18 / 09	\$ 300.00
City, State, Zip Code Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional) South Africa	Aggregate Year-to-date	\$ 300.00
F. Full name Bourne Bros. Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5276 Highway 42	06 / 28 / 09	\$ 251.45
City, State, Zip Code Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional) Golf Tournament Stationary	Aggregate Year-to-date	\$ 251.45

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>A Gallery</u>		<u>07 / 08 / 09</u>	\$ 249.13
Mailing Address			
<u>134 East Front Street</u>		<u>07 / 08 / 09</u>	\$
City, State, Zip Code		<u> / / </u>	\$
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>249.13</u>
<u>Host Gifts for China</u>			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mrs. Deborah Delgado</u>		<u>07 / 21 / 09</u>	\$ 250.00
Mailing Address			
<u>304 Williams Street</u>		<u>07 / 21 / 09</u>	\$
City, State, Zip Code		<u> / / </u>	\$
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>250.00</u>
<u>Trip for Children</u>			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ms. Mildred Short</u>		<u>07 / 22 / 09</u>	\$ 300.00
Mailing Address			
<u>900 East 8th Street</u>		<u>07 / 22 / 09</u>	\$
City, State, Zip Code		<u> / / </u>	\$
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>300.00</u>
<u>School Supplies</u>			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Holland-Harris Funeral Directors</u>		<u>07 / 31 / 09</u>	\$ 300.00
Mailing Address			
<u>5281 Cliff Gookin Blvd.</u>		<u>07 / 31 / 09</u>	\$
City, State, Zip Code		<u> / / </u>	\$
<u>Tupelo, MS 38801</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>300.00</u>
<u></u>			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mr. James Yarborough</u>		<u>08 / 02 / 09</u>	\$ 300.00
Mailing Address			
<u>8330 Umstead Road</u>		<u>08 / 02 / 09</u>	\$
City, State, Zip Code		<u> / / </u>	\$
<u>Fayetteville, NC 28304</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>300.00</u>
<u></u>			
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mr. Demarcus John</u>		<u>08 / 02 / 09</u>	\$ 500.00
Mailing Address			
<u></u>		<u>08 / 02 / 09</u>	\$
City, State, Zip Code		<u> / / </u>	\$
<u>Hattiesburg, MS 39401</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>500.00</u>
<u>Schlarship John Family</u>			

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
DeVontay Bradshaw		08/02/09	\$ 500.00
Mailing Address			
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
Scholarship Goins Family			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Ebenezer Baptist Church		08/02/09	\$ 500.00
Mailing Address			
900 East 8th Street			
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
Homecoming 2009			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Percy W. Watson		08/02/09	\$ 1,126.78
Mailing Address			
930 North Main Street			
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,126.78
Air Transportation for Wonda Hatcher & Rose Haswell			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
L.J. Rowan Class of 1969		08/21/09	\$ 1,000.00
Mailing Address			
734 Northhill Drive			
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,000.00
Donation/Class of 1969 Class Reunion			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Signs First		08/06/09	\$ 353.10
Mailing Address			
4400 Hardy Street			
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 353.10
Golf Signs for 2009 Golf Tournament			
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Power Company		08/06/09	\$ 250.00
Mailing Address			
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00
Payment of Electric Bill for Rochelle Perkins			

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
Ms. Melba L. Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		08 / 07 / 09	\$ 450.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
2009 Golf Tournament		Year-to-date	450.00
B. Full name		Date	Amount of each
Cowboy Maloney		(Mo., Day, Year)	disbursement this period
Mailing Address			
4700 Hardy Street, Suite J		08 / 07 / 09	\$ 728.30
City, State, Zip Code			
Hattiesburg, MS 39402		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
2009 Golf Tournament		Year-to-date	728.30
C. Full name		Date	Amount of each
Reserve Account		(Mo., Day, Year)	disbursement this period
Mailing Address			
5101 Interchange Way		08 / 12 / 09	\$ 650.00
City, State, Zip Code			
Louisville, KY 40229		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
U. S. Postage		Year-to-date	650.00
D. Full name		Date	Amount of each
Ms. Wilhemina Banks		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 1295		08 / 19 / 09	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39403		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
2009 Golf Tournament		Year-to-date	300.00
E. Full name		Date	Amount of each
Mr. Randall Williams		(Mo., Day, Year)	disbursement this period
Mailing Address			
P.O. Box 1512		08 / 20 / 09	\$ 490.00
City, State, Zip Code			
Hattiesburg, MS 39403		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
2009 Golf Tournament Photos		Year-to-date	490.00
F. Full name		Date	Amount of each
Ms. Melba Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		08 / 21 / 09	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
2009 Golf Tournament		Year-to-date	500.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Canebrake Country Club		08/21/09	\$ 4,328.07
Mailing Address			
1 Cane Drive		___/___/___	\$
City, State, Zip Code			
Hattiesburg, MS 39402			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 4,328.07
Golf Tournament 2009			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Millsaps College		08/27/09	\$ 771.75
Mailing Address			
1701 North State Street		___/___/___	\$
City, State, Zip Code			
Jackson, MS 39210-0001			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 771.75
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Ebenezer Baptist Church		08/30/09	\$ 225.00
Mailing Address			
900 East 8th Street		___/___/___	\$
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 225.00
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
MDA		09/29/09	\$ 300.00
Mailing Address			
P. O. Box 1287		___/___/___	\$
City, State, Zip Code			
Hattiesburg, MS 39403			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300.00
MDA Contribution			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Rev. Carlos Wilson		10/04/09	\$ 250.00
Mailing Address			
810 East 8th Street		___/___/___	\$
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.0
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. Marshall Bell		10/08/09	\$ 1,000.00
Mailing Address			
112 St. Andrews		___/___/___	\$
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,000.00
Golf Tournament 2009			

Name of Candidate or Committee Percy W. Watson
 Reporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bourne Brothers Printing		
Mailing Address		
5276 Highway 42	10 / 27 / 09	\$ 253.59
City, State, Zip Code		
Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 253.59
Stationary		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Copy Cats Printing		
Mailing Address		
905 Hardy Street	10 / 23 / 09	\$ 457.96
City, State, Zip Code		
Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 457.96
Invitations		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Midnight Star Band		
Mailing Address		
P. O. Box 3172	11 / 12 / 09	\$ 5,750.00
City, State, Zip Code		
Beverly Hills, CA 90212	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,750.00
Entertainment for Appreciation Gala		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Macks Fish Camp		
Mailing Address		
7329 U. S. Highway 98	11 / 17 / 09	\$ 1,605.00
City, State, Zip Code		
Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,605.00
Reception for 11-19-09		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. Holt McMullan		
Mailing Address		
P. O. Box 1071	11 / 20 / 09	\$ 448.73
City, State, Zip Code		
Hattiesburg, MS 39403	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 448.73
Reimbursement for Reception 11-19-09		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Reserve Account		
Mailing Address		
5101 Interchange Way	11 / 29 / 09	\$ 500.00
City, State, Zip Code		
Louisville, KY 40229	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
U. S. Postage		

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Ms. Melba Houze		11/23/09	\$ 300.00
Mailing Address			
3003 Mesa Drive			
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300.00
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Reserve Account		11/23/09	\$ 500.00
Mailing Address			
5101 Interchange Way			
City, State, Zip Code			
Louisville, KY 40229			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
U. S Postage			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Ms. Melba Houze		12/18/09	\$ 700.00
Mailing Address			
3003 Mesa Drive			
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 700.00
Appreciation Gala			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mrs. Jeanette Smith		12/21/09	\$ 250.00
Mailing Address			
609 Breland Avenue			
City, State, Zip Code			
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00
Appreciation Gala for (Dr. C. E. Smith)			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. Johnnie Magee		12/22/09	\$ 1,250.00
Mailing Address			
Jackson, MS 39202			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,250.00
Appreciation Gala			
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Microtel Inn - Hattiesburg		12/20/09	\$ 1,400.65
Mailing Address			
105 Westover Drive			
City, State, Zip Code			
Hattiesburg, MS 39402			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,400.65
Hotel accommodations for Appreciation Gala			

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
A & A Memorial Chapel		12 / 22 / 09	\$ 500.00
Mailing Address			
5752 U. S. Highway 49		12 / 22 / 09	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39401		12 / 22 / 09	\$ 500.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
Transportation for Appreciation Gala			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. John Wayne McCullum		12 / 23 / 09	\$ 650.00
Mailing Address			
12 / 23 / 09		12 / 23 / 09	\$ 650.00
City, State, Zip Code			
Hattiesburg, MS 39401		12 / 23 / 09	\$ 650.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 650.00
Photography for 2009 Appreciation Gala			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. Gregory Smith		12 / 02 / 09	\$ 300.00
Mailing Address			
12 / 02 / 09		12 / 02 / 09	\$ 300.00
City, State, Zip Code			
Jackson, MS 39202		12 / 02 / 09	\$ 300.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300.00
Family Illness			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Sherra Lane Campaign		12 / 09 / 09	\$ 250.00
Mailing Address			
12 / 09 / 09		12 / 09 / 09	\$ 250.00
City, State, Zip Code			
Waynesboro, MS		12 / 09 / 09	\$ 250.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00
Campaign Donation			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Omega Psi Phi		12 / 31 / 09	\$ 250.25
Mailing Address			
12 / 31 / 09		12 / 31 / 09	\$ 250.25
City, State, Zip Code			
Hattiesburg, MS 39403		12 / 31 / 09	\$ 250.25
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.25
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Ms. Yolanda McCree		12 / 31 / 09	\$ 500.00
Mailing Address			
P. O. Box 31		12 / 31 / 09	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39403		12 / 31 / 09	\$ 500.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
Services for 21st Appreciation Gala			

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name Hattiesburg Lake Terrace Convention Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1 Convention Center Plaza	12 / 31 / 09	\$ 300.00
City, State, Zip Code Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional) Brunch	Aggregate Year-to-date	\$ 300.00
B. Full name Mr. Johnnie McGee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 / 30 / 09	\$ 1,250.00
City, State, Zip Code Jackson, MS 39202	__ / __ / __	\$
Purpose of Disbursement (Optional) 2009 Appreciation Gala	Aggregate Year-to-date	\$ 1,250.00
C. Full name Taylor Rental	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4219 Lincoln Road Ext.	11 / 30 / 09	\$ 233.73
City, State, Zip Code Hattiesburg, MS 39402	__ / __ / __	\$
Purpose of Disbursement (Optional) Chairs/Appreciation Gala	Aggregate Year-to-date	\$ 233.73
D. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1000 Turtle Creek Drive, Suite 1	12 / 09 / 09	\$ 689.85
City, State, Zip Code Hattiesburg, MS 39402	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 689.85
E. Full name Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 300 West Pine Street	12 / 04 / 09	\$ 350.00
City, State, Zip Code Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional) Store Help	Aggregate Year-to-date	\$ 350.00
F. Full name Computer Billards	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12 / 14 / 09	\$ 227.38
City, State, Zip Code Hattiesburg, MS 39401	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 227.38

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Bourne Brothers Printing			
Mailing Address		12 / 11 / 09	\$ 674.10
5276 Highway 42			
City, State, Zip Code		__ / __ / __	\$
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 674.10
Gala Invitations			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
South Mississippi Business Machines			
Mailing Address		12 / 14 / 09	\$ 262.19
6401 U. S. Highway 49			
City, State, Zip Code		__ / __ / __	\$
Hattiesburg, MS 39401			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 262.19
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mr. Hollie Hooker			
Mailing Address		12 / 14 / 09	\$ 300.00
59 Hartzog-Magee Road			
City, State, Zip Code		__ / __ / __	\$
Prentiss, MS 39474			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300.00
Benevolence			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Midnight Star Band			
Mailing Address		12 / 18 / 09	\$ 5,750.00
P. O. Box 3172			
City, State, Zip Code		__ / __ / __	\$
Beverly Hills, CA 90212			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 5,750.00
2009 Appreciation Gala			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$